



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

03/24/2014

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000010298

INSTALLATION NAME: NYC DEPT OF EDUCATION - PS 261K

INSTALLATION ADDRESS : 314 PACIFIC ST
BROOKLYN, NY 11201


MAILING ADDRESS : 30-30 THOMSON AVE
LONG ISLAND CITY, NY 11101

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437**

**TO: NYC DEPT OF EDUCATION - PS 261K
or Current Occupant
ATTN: ALEXANDER LEMPERT
30-30 THOMSON AVE
LONG ISLAND CITY, NY 11101**

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM																
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)																
2. Site EPA ID Number	EPA ID Number N Y R 0 0 0 0 1 0 2 9 8																
3. Site Name	Name: NYC Dept. of Education - P.S. 261K																
4. Site Location Information	Street Address: 314 Pacific Street City, Town, or Village: Brooklyn County: Kings State: New York Country: U.S. Zip Code: 11201																
5. Site Land Type	<input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other																
6. NAICS Code(s) for the Site (at least 5-digit codes)	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">A. 6 1 1 1 1 0</td> <td style="width: 50%;">C. </td> </tr> <tr> <td>B. </td> <td>D. </td> </tr> </table>			A. 6 1 1 1 1 0	C.	B.	D.										
A. 6 1 1 1 1 0	C.																
B.	D.																
7. Site Mailing Address	Street or P.O. Box: 30-30 Thomson Avenue City, Town, or Village: Long Island City State: New York Country: U.S. Zip Code: 11101																
8. Site Contact Person	First Name: Alexander MI: Last: Lempert Title: Director Street or P.O. Box: 30-30 Thomson Avenue City, Town or Village: Long Island City State: New York Country: U.S. Zip Code: 11101 Email: ALempert@nycsca.org Phone: 718-472-8501 Ext.: Fax: 718-472-8500																
9. Legal Owner and Operator of the Site	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">A. Name of Site's Legal Owner: NYC Dept. of Education</td> <td style="width: 40%;">Date Became Owner: 04/29/1958</td> </tr> <tr> <td>Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</td> <td></td> </tr> <tr> <td colspan="2">Street or P.O. Box: 30-30 Thomson Avenue</td> </tr> <tr> <td>City, Town, or Village: Long Island City</td> <td>Phone: 718-472-8501</td> </tr> <tr> <td>State: New York Country: U.S.</td> <td>Zip Code: 11101</td> </tr> <tr> <td>B. Name of Site's Operator: NYC Dept. of School Facilities</td> <td>Date Became Operator: 04/29/1958</td> </tr> <tr> <td>Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</td> <td></td> </tr> </table>			A. Name of Site's Legal Owner: NYC Dept. of Education	Date Became Owner: 04/29/1958	Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		Street or P.O. Box: 30-30 Thomson Avenue		City, Town, or Village: Long Island City	Phone: 718-472-8501	State: New York Country: U.S.	Zip Code: 11101	B. Name of Site's Operator: NYC Dept. of School Facilities	Date Became Operator: 04/29/1958	Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
A. Name of Site's Legal Owner: NYC Dept. of Education	Date Became Owner: 04/29/1958																
Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other																	
Street or P.O. Box: 30-30 Thomson Avenue																	
City, Town, or Village: Long Island City	Phone: 718-472-8501																
State: New York Country: U.S.	Zip Code: 11101																
B. Name of Site's Operator: NYC Dept. of School Facilities	Date Became Operator: 04/29/1958																
Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other																	

10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-10.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

- ☒ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☐ N ☒

- 2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- 3. United States Importer of Hazardous Waste**

Y ☐ N ☒

- 4. Mixed Waste (hazardous and radioactive) Generator**

Y ☐ N ☒

- 5. Transporter of Hazardous Waste**
If "Yes", mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒

- 6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒

- 7. Recycler of Hazardous Waste**

Y ☐ N ☒

- 8. Exempt Boiler and/or Industrial Furnace**
If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒

- 9. Underground Injection Control**

Y ☐ N ☒

- 10. Receives Hazardous Waste from Off-site**

B. Universal Waste Activities; Complete all parts 1-2.Y ☐ N ☒

- 1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐
b. Pesticides ☐
c. Mercury containing equipment ☐
d. Lamps ☐
e. Other (specify) _____ ☐
f. Other (specify) _____ ☐
g. Other (specify) _____ ☐

Y ☐ N ☒

- 2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☒

- 1. Used Oil Transporter**
If "Yes", mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒

- 2. Used Oil Processor and/or Re-refiner**
If "Yes", mark all that apply.

- ☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☒

- 3. Off-Specification Used Oil Burner**

Y ☐ N ☒

- 4. Used Oil Fuel Marketer**
If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K❖ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

B004						
B007						


12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Alexander Lempert, Director	11/21/2013

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

95 OCT 11 PM 12:46

HAZARDOUS & SOLID WASTE
PROGRAMS BRANCH

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

NYR0000010298

II. Name of Installation (Include company and specific site name)

NYC BOARD OF EDUCATION

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

P. S. 261 BKLYN

Street (Continued)

314 PACIFIC ST.

City or Town

BKLYN

State

Zip Code

NY 11201-

County Code

County Name

KINGS

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

314 PACIFIC ST.

City or Town

BKLYN

State

Zip Code

NY 11201-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

GUASTA

(First)

ROBERT

Job Title

INSPECTOR

Phone Number (Area Code and Number)

718-349-5590

VI. Installation Contact Address (See Instructions)

A. Contract Address
Location Mailing Other

B. Street or P.O. Box

314 PACIFIC ST.

City or Town

BKLYN

State

Zip Code

NY 11201-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

NYC BOARD OF EDUCATION

Street, P.O. Box, or Route Number

28-11 QUEENS PLAZA NORTH

City or Town

LONG ISLAND CITY

State

Zip Code

NY 11101-

Phone Number (Area Code and Number)

718-349-5600

B. Land Type

M

C. Owner Type

M

D. Change of Owner
Indicator

Yes

No

(Date Changed)

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
☐ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
- Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify
3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.
☐ 4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) ☒ D008

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Robert Guasta

Name and Official Title (Type or print)

ROBERT GUASTA INSPECTOR

Date Signed

10-10-95

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please refer to the instructions for filling this form before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

AGENCY RO II

AUG -3 AM 8:43

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒

A. First Notification

☐B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

NYR'0000'010'298

II. Name of Installation (Include company and specific site name)

P . S . 2 6 1 K

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3 1 4 P a c i f i c S t r e e t

Street (Continued)

City or Town

B r o o k l y n

State

Zip Code

N Y

1 1 2 2 8 -

County Code

County Name

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

3 1 4 P a c i f i c S t r e e t

City or Town

B r o o k l y n

State

Zip Code

N Y

1 1 2 2 8 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

M O S K O W I T Z

(First)

M I C H A E L

Job Title

V I C E P R E S I D E N T

Phone Number (Area Code and Number)

2 1 2 - 7 2 7 - 7 6 7 6

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing Other☐☐☒

B. Street or P.O. Box

6 0 G A N S E V O O R T S T R E E T

City or Town

N E W Y O R K

State

Zip Code

N Y

1 0 0 1 4 -

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

N Y C B O A R D O F E D U C A T I O N

Street, P.O. Box, or Route Number

1 1 0 L I V I N G S T O N S T R E E T

City or Town

B R O O K L Y N

State

Zip Code

N Y

1 1 2 0 1 -

Phone Number (Area Code and Number)

7 1 8 - 9 3 5 - 5 0 1 0

B. Land Type

M

C. Owner Type

M

D. Change of Owner Indicator

Yes

X

No

(Date Changed)

Month

Day

Year

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

08/07/95

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYR000010298

FACILITY NAME -> NYC BD OF ED - PUBLIC SCHOOL 261 K

MAILING ADDRESS -> 314 PACIFIC ST
BROOKLYN, NY 11228

INSTALLATION ADDRESS -> 314 PACIFIC ST
BROOKLYN, NY 11228

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: MOSKOWITZ, MICHAEL
VICE PRES
NYC BD OF ED - PUBLIC SCHOOL 261 K
60 GANSEVOORT ST
NEW YORK, NY 10014

